

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-21-03.

## I. DISPUTE

Whether there should be refund of \$196.10 for CPT codes 99358, A4215, A4558 and A4454 rendered on 11-25-02.

## II. FINDINGS

The requestor noted that on 2-6-03 payment of \$672.10 was paid for date of service 11-25-02 with check number 05021271.

The requestor wrote a letter dated 3-4-03 to respondent requesting refund of \$196.10 based on services were included in another procedure. Therefore, the requestor is in compliance with Rule 133.304(o) by requesting a refund within 45 days.

On 11-25-02, the requestor billed and was paid for the following services:

Procedure Code	Description	Charges	Paid
95861	EMG – 2 extremities	\$200.00	\$200.00
99244	Office Consult 1 <sup>st</sup> hour	\$148.00	\$148.00
99358	Prolonged Service, w/o Contact 1 <sup>st</sup> hour	\$84.00	\$84.00
95869	Thoracic Paraspinal Muscle	\$74.00	\$0.00
95900	NCV	\$128.00	\$128.00
A4215	Needles only, sterile	\$100.00	\$100.00
A4558	Conduction Paste or Gel	\$50.00	\$7.56
A4454	Tape, all types	\$10.00	\$4.54

## III. RATIONALE

**CPT code 99358:** CPT code 99244 is used to bill for physician contact with patient and/or family for 60 minutes. The additional 60 minutes spent before and/or after direct contact with patient and/or family to support 99358 was not submitted. Therefore, a refund of \$84.00 is recommended.

**CPT codes A4215, A4558 and A4454:** Per General Instructions GR (IV) and (VI), the requestor may bill for supplies and materials over and above those usually included in the office visit and in excess of a cumulative total of \$5.00. The requestor failed to document that supplies were above those usually included in the office visit or EMG or NCV performed; therefore, a refund of  $\$100.00 + \$7.56 + \$4.54 = \$112.10$ .

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 99358, A4215, A4558 and A4454 in the amount of **\$196.10 Pursuant** to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$196.10** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 25th day of March 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division